PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or	Docket Number
Bo1.00	Docket Number
10008	775

(Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		100				ſ	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			HA nainus 20=		· 94 95			X\$ 9=	846	OR	X\$18=	
INDEPENDENT CLAIMS 26				nus 3 =	3		X42=	966	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	140	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL '	2322	OR	TOTAL	
CLAIMS AS AMENDED - PART II								ı	2331		OTHER	THAN
	(Column 1) (Colum					(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY
ENT A	7 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= _		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM			+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ſ	(0011.1722)		•	ADDII. 1 EE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		ا ا	+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(0.1 4)		(O al.	O\	(Caluman 0)	Α	ODIT. FEE	·	J O	ADDIT. FEE	
	C C	(Column 1) CLAIMS			imn 2) HEST	(Column 3)	l r		ADDI	ı		ADDI-
AMENDMENT C	Salar Sa	REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
N N N	Total	*	Minus	**	***	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=	-	OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	.440			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEE											
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numbe	er fou	nd in the app	propriate bo	x in co	olumn 1.	